



National Family Conference
July 13-15, 2007
800-562-6265

Registration for Families and Professionals

Please Print

Name of Person Completing Form: _____

Address: _____

City: _____ State or Province: _____

Country: _____ Postal Code or Zip: _____

Daytime Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

CONFERENCE FEES:

Early Bird Registration Must Be Received by May 30, 2007

		Early Bird Registration	After May 30 or at the door
Conference (Fri.-Sun.)	Adult (19 +)	\$ 75.00	\$ 100.00
	Child (4-18)	\$ 25.00	\$ 35.00
	Age 3 & under	Free	Free

Includes four meals, opening reception children's programs, and childcare

PAYMENT METHOD:

There are Four Ways To Register and Pay:

1. Complete Online Registration and Pay Online by Credit Card (VISA, MASTERCARD or AMERICAN EXPRESS).
2. Mail or Fax Print Copy of the Registration Form and Send Check.
3. Mail or Fax Print Copy of the Registration Form and Send Purchase Order.
4. Register and Pay the Higher Cost at the Door.

Make checks and purchase order payable to the National Family Conference. Cash, credit card, purchase order, or check will be accepted at the onsite registration. No refunds will be made.

Mail Payment and Registration Form to:
NAPVI Attn: Susan LaVenture
P.O. Box 317, Watertown, MA 02471

Note: The special room rate will be available until June 15th, or until the group block is sold out, whichever comes first. Make your hotel reservations as soon as possible at:

http://www.hilton.com/en/hi/groups/personalized/omacvhh_nfc/index.jhtml

NAPVI members will receive a 10% discount on the total registration cost for the 2007 Family Conference. Note: Membership in NAPVI would be \$25.00 for an individual (professional, grandparent or other extended family member) or \$25.00 for a family of a child with a visual impairment (parents/guardians and their children).

Only complete directory information if you are joining or renewing NAVPI:

Name: _____
Address: _____
City: _____
State: _____
Country: _____
Zip or Postal Code: _____
Daytime Phone: _____
Evening Phone: _____

CONFERENCE CHARGES:

_____ Adults (19+) @ \$ _____ each..... = \$ _____
_____ Children (4-18) @ \$ _____ each..... = \$ _____
_____ Children 3 & under (free)

If applicable, # of new or renewing NAPVI memberships ____ for **\$25.00 each** = \$ _____

Important: If you are a current member please include your NAPVI ten digit membership number:

Subtotal: \$ _____
NAPVI member discount: 10% discount on subtotal cost \$ _____
Grand Total: \$ _____

CHILDCARE Services - IMPORTANT!

Once you have completed this registration form, you should go to the "Child Information Section" and download the Children's Background Information" form at www.afb.org/familyconference . If you want childcare during the conference, it is extremely important that you complete this form. The Children's Background Form must be completed for each child attending the conference.

Registration Details

Names will be used on pre-printed tags

Please list all adults attending and circle selection where appropriate

Please Print

Names of Adults (19+)	Sign Language Interpreter	Language Interpreter	Format	Select One	Dietary Needs
	YES NO	YES NO	Braille CD for Braille documents Regular print Large print	Parent Grandparent Relative Professional	None Gluten Free Vegetarian Other: _____
	YES NO	YES NO	Braille CD for Braille documents Regular print Large print	Parent Grandparent Relative Professional	None Gluten Free Vegetarian Other: _____
	YES NO	YES NO	Braille CD for Braille documents Regular print Large print	Parent Grandparent Relative Professional	None Gluten Free Vegetarian Other: _____
	YES NO	YES NO	Braille CD for Braille documents Regular print Large print	Parent Grandparent Relative Professional	None Gluten Free Vegetarian Other: _____
	YES NO	YES NO	Braille CD for Braille documents Regular print Large print	Parent Grandparent Relative Professional	None Gluten Free Vegetarian Other: _____
	YES NO	YES NO	Braille CD for Braille documents Regular print Large print	Parent Grandparent Relative Professional	None Gluten Free Vegetarian Other: _____
	YES NO	YES NO	Braille CD for Braille documents Regular print Large print	Parent Grandparent Relative Professional	None Gluten Free Vegetarian Other: 3 _____

Registration Details

Names will be used on pre-printed tags

Please list all children attending and circle selection where appropriate

Please Print

Names of Children (0-18)	Age	Needing Childcare	Format	Attending program at the Henry Doorly Zoo	Dietary Needs	Children's T-Shirt Size
		YES NO	Braille CD for Braille documents Regular print Large print N/A	YES NO	None Gluten Free Vegetarian Other: _____	Extra Large Large Medium Small
		YES NO	Braille CD for Braille documents Regular print Large print N/A	YES NO	None Gluten Free Vegetarian Other: _____	Extra Large Large Medium Small
		YES NO	Braille CD for Braille documents Regular print Large print N/A	YES NO	None Gluten Free Vegetarian Other: _____	Extra Large Large Medium Small
		YES NO	Braille CD for Braille documents Regular print Large print N/A	YES NO	None Gluten Free Vegetarian Other: _____	Extra Large Large Medium Small
		YES NO	Braille CD for Braille documents Regular print Large print N/A	YES NO	None Gluten Free Vegetarian Other: _____	Extra Large Large Medium Small
		YES NO	Braille CD for Braille documents Regular print Large print N/A	YES NO	None Gluten Free Vegetarian Other: _____	Extra Large Large Medium Small
		YES NO	Braille CD for Braille documents Regular print Large print N/A	YES NO	None Gluten Free Vegetarian Other: _____	Extra Large Large Medium Small

MEALS:

Please indicate the number of people attending:

(Children 0-3 eat free)

Friday Opening Reception _____ # of adults attending _____

of children (4-18) attending _____

Saturday Breakfast _____ # of adults attending _____

of children (4-18) attending _____

Saturday Lunch at hotel _____ # of adults attending _____

of children (4-18) not going to Omaha's Henry Doorly Zoo

and attending lunch at hotel _____

Children 4 through 18 will have the opportunity to attend a unique activity at the world famous Henry Doorly Zoo on Saturday, July 14. A box lunch will be served at the zoo.

Saturday Evening Pioneer Cookout _____ # of adults attending _____

Saturday Evening Pioneer Cookout _____ # of children 4-18 attending _____

Saturday Evening Pioneer Cookout _____ # of children 0-3 attending _____

Sunday Breakfast _____ # of adults attending _____

children ages 4 -18 attending _____

Eye Network Session

Parents are encouraged to attend the Eye Condition and/or Disability Network Session on Saturday at 1:00 p.m., parents/grandparents, please check the group you would like to attend:

Achromatopsia

Optic Nerve Atrophy/Hypoplasia

Albinism

Retinal Conditions

Aniridia

Retinitis Pigmentosa

Anophthalmia/Microphthalmia

Retinoblastoma

Cataracts & Glaucoma

Retinopathy of Prematurity

CHARGE

Stargardt's Disease

Coloboma

Deaf-Blind

Cortical Visual Impairment

Leber's Congenital Amaurosis

Corneal Diseases

Multiple Disabilities

Other: _____

If there is further registration information you feel we need to have, please explain:

Mail Payment and Registration Form to:

Susan LaVenture

NAPVI
P.O. Box 317
Watertown, MA 02471

5

FAX: 617-972-7444